



Application No. (if known): 10/627,355

Attorney Docket No.: 05986/100K520-US1


## Certificate of Express Mailing Under 37 CFR 1.10

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on September 22, 2009  
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Fee Transmittal (1 page)

One Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)

Transmittal (1 page)

Notice of Appeal (1 page)

Charge \$335.00 to deposit account 04-0100

Postcard



|   |  |                          |                        |                   |
|---|--|--------------------------|------------------------|-------------------|
| <b>Effective on 12/08/2004.</b><br><b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b><br><b>FEE TRANSMITTAL</b><br><b>For FY 2009</b> |  | <b>Complete if Known</b> |                        |                   |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27   |  | Application Number       | 10/627,355-Conf. #2328 |                   |
| TOTAL AMOUNT OF PAYMENT   |  | Filing Date              | July 24, 2003          |                   |
| (\$)  |  | 335.00                   | First Named Inventor   | Rodolfo R. Llinas |
|   |  | Examiner Name            | P. D. Coughlan         |                   |
|   |  | Art Unit                 | 2129                   |                   |
|   |  | Attorney Docket No.      | 05986/100K520-US1      |                   |

|  |   |
|--|---|
| <b>METHOD OF PAYMENT (check all that apply)</b>  |   |
| <input type="checkbox"/> Check   | <input type="checkbox"/> Credit Card  |
| <input type="checkbox"/> Money Order   | <input type="checkbox"/> None   |
| <input type="checkbox"/> Other (please identify): _____  |   |
| <input checked="" type="checkbox"/> Deposit Account  | Deposit Account Number: 04-0100   |
| Deposit Account Name: Darby & Darby P.C.   |   |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)                 |   |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below  | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments                       |

|   |                     |   |                    |                      |                                  |                      |                       |
|---|---------------------|---|--------------------|----------------------|----------------------------------|----------------------|-----------------------|
| <b>FEE CALCULATION</b>  |                     |   |                    |                      |                                  |                      |                       |
| <b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>  |                     |   |                    |                      |                                  |                      |                       |
|   | <b>FILING FEES</b>  |   | <b>SEARCH FEES</b> |                      | <b>EXAMINATION FEES</b>          |                      |                       |
|   |                     | <b>Small Entity</b>                                     |                    | <b>Small Entity</b>  |                                  | <b>Small Entity</b>  |                       |
| <b>Application Type</b>   | <b>Fee (\$)</b>     | <b>Fee (\$)</b>   | <b>Fee (\$)</b>    | <b>Fee (\$)</b>      | <b>Fee (\$)</b>                  | <b>Fee (\$)</b>      | <b>Fees Paid (\$)</b> |
| Utility   | 330                 | 165   | 540                | 270                  | 220                              | 110                  |                       |
| Design  | 220                 | 110   | 100                | 50                   | 140                              | 70                   |                       |
| Plant   | 220                 | 110   | 330                | 165                  | 170                              | 85                   |                       |
| Reissue   | 330                 | 165   | 540                | 270                  | 650                              | 325                  |                       |
| Provisional   | 220                 | 110   | 0                  | 0                    | 0                                | 0                    |                       |
| <b>2. EXCESS CLAIM FEES</b>   |                     |   |                    |                      |                                  |                      |                       |
| <b>Fee Description</b>  |                     |   |                    |                      |                                  | <b>Small Entity</b>  |                       |
|   |                     |   |                    |                      |                                  | <b>Fee (\$)</b>      | <b>Fee (\$)</b>       |
| Each claim over 20 (including Reissues)   |                     |   |                    |                      |                                  | 52                   | 26                    |
| Each independent claim over 3 (including Reissues)  |                     |   |                    |                      |                                  | 220                  | 110                   |
| Multiple dependent claims   |                     |   |                    |                      |                                  | 390                  | 195                   |
| <b>Total Claims</b>   |                     | <b>Extra Claims</b>                                     | <b>Fee (\$)</b>    | <b>Fee Paid (\$)</b> | <b>Multiple Dependent Claims</b> |                      |                       |
| - or HP =   |                     | x   | =                  |                      | <b>Fee (\$)</b>                  | <b>Fee Paid (\$)</b> |                       |
| HP = highest number of total claims paid for, if greater than 20.   |                     |   |                    |                      |                                  |                      |                       |
| <b>Indep. Claims</b>  |                     | <b>Extra Claims</b>                                     | <b>Fee (\$)</b>    | <b>Fee Paid (\$)</b> |                                  |                      |                       |
| - or HP =   |                     | x   | =                  |                      |                                  |                      |                       |
| HP = highest number of independent claims paid for, if greater than 3.  |                     |   |                    |                      |                                  |                      |                       |
| <b>3. APPLICATION SIZE FEE</b>  |                     |   |                    |                      |                                  |                      |                       |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |                     |   |                    |                      |                                  |                      |                       |
| <b>Total Sheets</b>   | <b>Extra Sheets</b> | <b>Number of each additional 50 or fraction thereof</b> |                    | <b>Fee (\$)</b>      | <b>Fee Paid (\$)</b>             |                      |                       |
| - 100 =   | /50 =               | (round up to a whole number) x                          |                    | =                    |                                  |                      |                       |
| <b>4. OTHER FEE(S)</b>  |                     |   |                    |                      |                                  |                      |                       |
| Non-English Specification, \$130 fee (no small entity discount)   |                     |   |                    |                      |                                  |                      |                       |
| Other (e.g., late filing surcharge): 2251 Extension for response within first month   |                     |   |                    |                      |                                  | 65.00                |                       |
| 2401 Notice of appeal   |                     |   |                    |                      |                                  | 270.00               |                       |

|                     |                  |                                   |                    |
|---------------------|------------------|-----------------------------------|--------------------|
| <b>SUBMITTED BY</b> |                  |                                   |                    |
| Signature           |                  | Registration No. (Attorney/Agent) | 26,272             |
| Telephone           |                  | (212) 527-7700                    |                    |
| Name (Print/Type)   | Melvin C. Garner | Date                              | September 22, 2009 |



|  |                        |                        |
|--|------------------------|------------------------|
| <b>TRANSMITTAL FORM</b><br><br><i>(to be used for all correspondence after initial filing)</i> | Application Number     | 10/627,355-Conf. #2328 |
|  | Filing Date            | July 24, 2003          |
|  | First Named Inventor   | Rodolfo R. Llinas      |
|  | Art Unit               | 2129                   |
|  | Examiner Name          | P. D. Coughlan         |
| Total Number of Pages in This Submission   | Attorney Docket Number | 05986/100K520-US1      |

| ENCLOSURES (Check all that apply)  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><br><input type="checkbox"/> Fee Attached<br><br><input type="checkbox"/> Amendment/Reply<br><br><input type="checkbox"/> After Final<br><br><input type="checkbox"/> Affidavits/declaration(s)<br><br><input checked="" type="checkbox"/> Extension of Time Request<br><br><input type="checkbox"/> Express Abandonment Request<br><br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><br><input type="checkbox"/> Reply to Missing Parts/ Incomplete Application<br><br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><br><input type="checkbox"/> Licensing-related Papers<br><br><input type="checkbox"/> Petition<br><br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><br><input type="checkbox"/> Terminal Disclaimer<br><br><input type="checkbox"/> Request for Refund<br><br><input type="checkbox"/> CD, Number of CD(s) _____<br><br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><br><input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><br><input type="checkbox"/> Proprietary Information<br><br><input type="checkbox"/> Status Letter<br><br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br><br>Return Receipt Postcard |
| <div>Remarks</div>   |  |   |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |                    |          |        |
|--|--------------------|----------|--------|
| Firm Name                                  | DARBY & DARBY P.C. |          |        |
| Signature                                  |                    |          |        |
| Printed name                               | Melvin C. Garner   |          |        |
| Date                                       | September 22, 2009 | Reg. No. | 26,272 |